



UNDERGROUND STORAGE TANK GROUNDWATER REMEDIATION NOTICE OF INTENT (USTNOI)

For Coverage under Mississippi's Underground Storage Tank (UST)
Groundwater Remediation General Permit
General Permit MSG12 0246

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator of the remediation system. To avoid unnecessary delays, please be sure that the USTNOI is signed in accordance with permit ACT9, T-7 of the General Permit. The owner or operator that receives coverage is responsible for permit compliance. File at least 30 days prior to proposed discharge.

Required Submittals with the USTNOI Include:

- A USGS quadrangle map or copy extending at least one-half of a mile beyond the site's property boundary.
 The site location and outfalls must be outlined or highlighted. Quad maps can be obtained from the Office of
 Geology at 601-961-5523. If a copy is submitted, provide the name of the quadrangle map that is found in
 upper right hand corner.
- A letter of approval or denial from an available POTW or Wastewater Collection Authority (see permit ACT4, S-6 and MDEQ Wastewater Regulations, Chapter One, Part I.C.1.a.).
- Certified-return receipts from contiguous landowner notifications (not required if the remediation system was operating under a previous permit or coverage - see permit ACT4, S-7).
- A list of water treatment chemicals proposed to be used. Please submit the following information for each specific chemical: name and composition of the additive, discharge concentration, dosage addition rates, frequency of use, EPA registration (if applicable), aquatic species toxicological data and Material Safety Data Sheet (MSDS). We do not intend to use any water treatment chemicals. We will alert the MDEQ if we do.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS OWNER OP	ERATOR (please check one or both)
OWNER INFORMAT	TION
Owner Contact Name: Mr. Manon K. Bajaj	Position: Owner
Owner Company Name: DE Gas & Food	
Owner Street (P.O. Box): 1467 South Gallatin Street	
Owner City: Jackson	State: MSZip: 39201
Owner Phone Number (include area code): (601) 948-4181	
OPERATOR INFORMATION (if di	fferent than owner)
Operator Contact Name: B. Gregory Taylor	Position: Interim Manager
Operator Company Name: Neel-Schaffer, Inc.	
Operator Street (P.O. Box): 1022 Highland Colony Parkway, Suite 2	202
Operator City: Ridgeland State	re: MS Zip: 39157
Operator Phone Number (include area code): (601) 898-3358 (office)	
PROJECT INFORMA	TION
Project Name: DE Gas & Food	
Mississippi Groundwater Protection Trust Fund ID No. (if applicable):	9874
Physical Site Address (if not available indicate the nearest named road):	
Street: 1467 South Gallatin Street Cit	y: Jackson
County: Hinds	Zip: 39201
Latitude: 32 degrees 17 minutes 0.86 seconds Longitude: 90	degrees 11 minutes 35€ seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance)	or Map Interpolation): Map interpolation

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged?	State Waters POTW/Collection System		
Name of Nearest Receiving Stream: N/A			
Name of POTW: City of Jackson POTW			
POTW contact, title and telephone number: Utility Services, Ma	ry Carter (601) 960-1111		
Name of Wastewater Collection Authority (if different from POTV	V): Same		
Wastewater Collection Authority contact, title and telephone number: Mary Carter, (601) 960-1111			
Proposed rate of flow (gallons/day): 5,000 Describe type of treatment: Water will be processed through an	oil/water separator and released		
CERTIFICAT	CION		
I certify under penalty of law that this document and all attachments were with a system designed to assure that qualified personnel properly gather inquiry of the person or persons who manage the system, or those person information submitted is, to the best of my knowledge and belief, true, as penalties for submitting false information, including the possibility of fin B. Carry Tyles. Signature ¹ (Must be signed by operator when different than owner)	ed and evaluated the information submitted. Based on my s directly responsible for gathering the information, the curate and complete. I am aware that there are significant		
B. Gregory Taylor, RPG Printed Name ¹	Interim Manager		
Fillited (Name	Title		

¹This application shall be signed according to the General Permit, ACT9, T-7 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

USTNOI forms must be submitted to:

Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011

POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION AND APPROVAL FORM



INSTRUCTIONS

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW and Wastewater Collection Authority (if different entities) in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (see permit ACT4, S-6). Once both sections of the form have been completed, it shall be submitted to the address below. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Collection Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.

APPLICANT (please print or type)

Neel-Schaffer, Inc. [name of applicant] is applying for coverage under			
Mississippi's Underground Storage Tank Groundwater Remediation General Permit (copy attached). Remediated			
groundwater, associated with a leaking underground petroleum storage tank, is proposed to be discharged from a			
site located at DE Gas & Food, 1467 South Gallatin Street, Jackson, Hinds County, Mississippi			
[complete address with county]. Approximately 5,000	[g	allons per day] of treated	
groundwater will be discharged to City of Jackson PO	TW	[name of local POTW or	
Wastewater Collection Authority]. The treated groundwater will be discharged in accordance with the conditions,			
requirements and limitations of Mississippi's Underground Storage Tank Groundwater Remediation General			
Permit.			
POTW and WASTEWATER COLLECTION AUTHORITY APPROVAL			
I certify that I am a duly authorized representative of this for managing daily operations. I am familiar with the re acknowledge that, by signing this form, I am providing four treatment works. POTW Authorized Signature Mary D Carter Printed Name Water Title	quirements of the above MDEQ with written appr	referenced General Permit and	
5 2 6 60 9	Date Signed	Daytime Telephone	

This form shall be submitted to:

Chief, Environmental Permits Division

MS Dept of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

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